

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/619785 FILING DATE

APPLICANT(S)

(10010)

CLAIMS

AS FILED	IND.	DEP.	AFTER		AFTER	
			1st AMENDMENT	IND.	DEP.	2nd AMENDMENT
1	/					
2	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND. 4 ← 4 ← TOTAL DEP. 47 ← 25 ← TOTAL CLAIMS 51 ← 70 ←